DISPOSAL OF ASSETS CERTIFICATION

То:	(Name & address)		Date Phone # Fax #	
Applicant/Participant Name:			Social Security #:	
Federal next two	regulations require the	at we must verify income in or alculated. The information pro	of the Federal Housing Tax Creater that the anticipated gross in wided will remain confidential than would be greatly appreciated.	come for the to satisfaction of
Sincerel	y, Project Owner/Ma RETURN THIS F			
period p participa	receding the effective	date of my certification or rec	certify that during the two year ertification of eligibility for tax lentified below, (i.e., sold home	credit housing
	A ASSET	B CASH VALUE	C DATE DISPOSED	D ACTUAL AMOUNT RECEIVED
		you received money, where is	the money now? (Please provi	ide receipts if
•	converting the asse 1. Pena 2. Brob	the market value of asset minus to cash. Such reasonable cost alties of withdrawing funds bet ker/legal fees for the sale or con ement costs for real estate tran	fore maturity. nversion of assets.	lling or
consent tax cred	to release such inform it housing. I understan nal penalties. I fully	nation in order to comply with nd that providing false or misle	d complete to the best of my ki government regulations regardi- eading information under oath n uested and the ramifications of	ng allocation of nay subject me
Signature of Applicant/Resident			Date	